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September 30, 2009

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

Patricia S. Ploehn, L.C.S.W.
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SUBJECT: KATIE A. IMPLEMENTATION PLAN QUARTERLY UPDATE

On October 14, 2008, your Board approved the Katie A. Strategic Plan, a single comprehensive and overarching vision of the current and planned delivery of mental health services to children under the supervision and care of child welfare as well as those children at-risk of entering the child welfare system. The Strategic Plan provides a single roadmap for the Countywide implementation of an integrated child welfare and mental health system, in fulfillment of the objectives identified in the Katie A. Settlement Agreement, to be accomplished over a five-year period, and offers a central reference for incorporating several instructive documents and planning efforts in this regard, including:

- Katie A. Settlement Agreement (2003)
- Enhanced Specialized Foster Care Mental Health Services Plan (2005)
- Findings of Fact and Conclusions of Law Order, 2006, issued by Federal District Court Judge Howard Matz
- Health Management Associates Report (2007)
- Katie A. Corrective Action Plan (2007)

The Strategic Plan describes a set of overarching values and ongoing objectives, offers seven primary provisions to achieve these objectives, and lays out a timeline by which these strategies and objectives are to be completed. The seven primary provisions include:

- Mental health screening and assessment
- Mental health service delivery
- Funding of services
- Training

"To Enrich Lives Through Effective and Caring Service"

- Caseload reduction
- Data/tracking of indicators
- Exit criteria and formal monitoring plan

The Strategic Plan also provides that the Department of Mental Health (DMH) and the Department of Children and Family Services (DCFS) would inform your Board of any revisions to the implementation of the Strategic Plan by March 2009, and report quarterly thereafter. Since the Strategic Plan encompasses the initial Enhanced Specialized Foster Care Mental Health Services Plan and the Katie A. Corrective Action Plan, this report will also describe any significant deviations from the planning described in those documents.

The Departments have been directed to conduct an annual assessment in January 2010 to evaluate the effectiveness of Strategic Plan implementation, plan financing, and status of efforts to maximize revenue reimbursement. In the interim, quarterly reports have been submitted on implementation activities in March and June of this year.

This memo will serve as the third update to our progress in implementing the Strategic Plan.

Implementation Support Activities

A number of activities were conducted during this period to support the implementation of the Strategic Plan.

- DCFS Director Trish Ploehn and DMH Director Dr. Marvin Southard issued a joint memorandum regarding the role of the DMH co-located staff in responding to consultation requests from DCFS Children's Social Workers.
- The Katie A. Strategic Plan was formally approved by the Federal District Court in July in fulfillment of one of the County's formal exit conditions.
- DCFS Medical Director Dr. Charles Sophy, DCFS Katie A. Division Chief Adrienne Olson, DMH Deputy Director Olivia Celis, and DMH Child Welfare Division District Chief Greg Lecklitner met with Adoptions, Family Preservation, and Medical Case Management Services to provide an overview of the Plan's basic elements and engage in dialogue regarding implementation issues.
- Chief Executive Office (CEO), DCFS, and DMH continue to participate in a variety of Katie A. related meetings, including monthly Executive Leadership Team meetings, bi-weekly Project Leadership Team meetings, and monthly Katie A. Operations meetings. Departmental managers and Katie A. Panel members are also provided with bi-weekly Katie A Updates.

- Monthly progress reports have been prepared for your Board providing updates on the rollout of the screening, assessment, and treatment elements of the Strategic Plan, including Referral Tracking System (RTS) Summary Data Sheets.
- DCFS continues to develop and maintain the Katie A. Website.
- DMH and DCFS leadership met with the Association of Community Human Service Agencies (ACHSA) to discuss the Katie A. implementation effort related to the Coordinated Services Action Teams, the Wraparound Program and the Multidisciplinary Assessment Teams (MAT) Program.
- Ongoing workgroup meetings are taking place across 18 major activity domains associated with the Strategic Plan and the progress of these workgroups is being documented in individual Project Data Sheets.
- DCFS has now filled 60 of the 61 positions allocated for fiscal year (FY) 2008-2009, and DMH has filled the 3 positions allocated for this same time period. In addition, DCFS is allocated 20 (10 professional and 10 clerical) positions for FY 2009-2010, has posted the vacancies and anticipates filling these positions by November 2009. Three of these positions are now filled pending release. DMH is allocated an additional 39 positions for FY 2009-2010 and is currently in the process of hiring these staff.
- Department representatives have participated in a two-day meeting with the Katie A. Advisory Panel, discussing Treatment Foster Care, budgetary issues, the Qualitative Service Review (QSR), the rollout of the Coordinated Service Action Teams (CSAT), Wraparound, exit indicators, and the Core Practice Model.
- DMH has participated in two grant applications to support Katie A. related initiatives including a one day conference on best mental health practices for children in the child welfare system and a policy and advocacy project for dependent teen parents and their children.
- CEO, DMH, and DCFS are also engaged in discussions with First 5 LA regarding possible financial support for a Katie A. related project.

Additional implementation activities associated with the Strategic Plan, organized in accord with the basic elements of the Plan, are described below.

Mental Health Screening and Assessment

The Plan describes a systematic process by which all children on new and currently open DCFS cases will be screened and/or assessed for mental health services. Nine Project Teams comprise the Screening and Assessment component of the Plan as follows: 1) Medical Hubs; 2) Coordinated Services Action Team (CSAT); 3)

Multidisciplinary Assessment Team (MAT); 4) Referral Tracking System (RTS); 5) Consent/Release of Information; 6) Benefits Establishment; 7) D-rate; 8) Team Decision-Making (TDM) and Resource Management Process (RMP); and 9) Specialized Foster Care (SFC). Significant progress continues to be made by each of these project teams.

Medical Hubs: As of May 2009, 73 percent of newly detained children received an Initial Medical Examination at a Hub. A comprehensive plan has been developed to ensure 100 percent of the newly detained population is served by the Medical Hubs. The LAC+USC East San Gabriel Valley Satellite Hub began serving DCFS children placed in the eastern part of Los Angeles area on June 15, 2009. Opening of this satellite Hub is significantly reducing travel time for many caregivers. The revised DCFS Medical Hub Policy was released on July 23, 2009, with a small update on September 3, 2009, which specifies mandatory timeframes for submission of the Medical Hub Referral Form. In accordance with the rollout of the CSAT and RTS in each office, Medical Hub referrals will be tracked to ensure compliance with the mandate. Additionally, the web-based medical records system, E-mHub, will allow the Medical Hub referrals to be submitted from DCFS to the Medical Hubs electronically as well as health and mental health information.

With the release of the revised DCFS Medical Hub policy, CSAT implementation in SPAs 1, 6 and 7, and recent child deaths, there has been an increase in the number of children referred to the Hubs. The monthly average in FY 2008-2009 was 1,450 children and the average number of children served by the Hubs in the first two months of FY 2009-2010 is 1,750. The Departments have conducted an analysis of their needs and have developed a proposal to increase medical hub capacity to serve newly detained children and have been refining a subsequent proposal to ensure that the needs of prioritized populations including referrals under investigation and non-detained children will be met, in addition to the population of children currently served by the Hubs.

CSAT: On May 1, 2009, CSAT was implemented in Service Planning Area (SPA) 7 (the Belvedere and Santa Fe Springs offices). On August 1, 2009, CSAT was implemented in SPA 6 (the Compton, Wateridge and Vermont Corridor offices) and a CSAT "dry run" was underway in August 2009 for SPA 1 (Lancaster and Palmdale offices), with the official implementation of CSAT occurring on September 1, 2009. By September 2009, all Phase I offices will have implemented CSAT and will begin hiring 20 additional staff to support the CSAT process in the Phase II offices scheduled to begin training in late October 2009, with CSAT implementation in January 2010 for SPA 3 (Glendora, Pomona, Pasadena and El Monte offices).

It is important to note that the 20 positions, originally budgeted to be filled in July 2009, will now all be filled by December 2009, rather than the last quarter's plan to stagger the staffing of these positions over the fiscal year three months prior to CSAT implementation. It was determined that hiring the CSAT Service Linkage Specialists

(SLSSs) and Screening Clerks earlier was needed to not only support CSAT in the current implemented offices, but also to provide on the job training for new CSAT staff.

DCFS expects to have full implementation of CSAT in all offices by December 31, 2010.

MAT: Experienced MAT Operations staff in SPAs 3 & 6 are referring 85 to 95 percent of all the eligible MAT cases for a MAT assessment, whereas less experienced SPAs are at different formative stages. In SPAs 2 and 8, 70 to 80 percent of all eligible cases are being referred to MAT. SPAs 4 and 7 are referring between 60 to 70 percent of all eligible cases until more capacity is developed. SPA 1 has referred only 20 to 30 percent of their eligible cases due to low MAT provider capacity to accept these referrals. Finally, SPA 5 is scheduled to begin accepting MAT referrals on October 1, 2009. This will complete countywide MAT implementation.

During FY 2008-2009 a total of 1,542 MAT Assessments were completed compared to only 433 during the FY 2007-2008. This is due to the expanding MAT roll-out. It is expected that more than 2,000 MAT assessments will be completed by the end of the FY 2009-2010, as MAT capacity expands with existing providers. Currently there are 50 trained community-based mental health agencies trained to provide MAT assessments countywide.

RTS: The Referral Tracking System became operational on May 1, 2009 in the SPA 7 offices, expanded to SPA 6 offices on July 1, 2009 and SPA 1 offices on September 1, 2009. DCFS and DMH continue to make refinements to the system as the benefit of reporting on additional data is identified and business rules developed. Beginning May 30, 2009, detailed summary data reports are produced and submitted to your Board on a monthly basis. As of September 14, 2009, 3,186 children have been screened for mental health needs since May 1, 2009 and 96 percent of those children found to be in need of mental health services received such services during this same time period.

In September DMH will complete the development of a DMH Referral Tracking System that will provide automated support for the collection of data related to the preparation of the monthly reports provided to your Board.

Consent/Release of Information: DCFS and DMH, in concert with their respective County Counsels, have developed procedures and forms to provide for the consent for mental health services for referred children as well as the authorization to release protected health information for purposes of the child's care and coordination of services. Meetings with Children's Law Center, the Los Angeles Dependency Lawyers, judicial officers, county counsel, and DMH and DCFS management continue to take place in an effort to finalize language and protocols related to the securing of consent and the authorization to release information.

Benefits Establishment: In August 2009, the CSAT team of MAT Coordinators, Service Linkage Specialists and Screening Clerks were given access to the MEDSLITE benefits establishment system. MEDSLITE is a condensed version of the Medical Eligibility

Determination System (MEDS) that assists its users in quickly determining a child's Medi-Cal eligibility status. The timely determination and accuracy of a child's benefits assists the DCFS and DMH staff to link an identified child to the most appropriate mental health services for all new and existing cases for CSAT implemented offices.

D-Rate: In addition to the D-rate program's continued work to review and ensure mental health services for at least 90 percent of D-rate children, the duties of the DCFS D-rate Evaluators (DREs) have been expanded to include psychotropic medication monitoring for all DCFS children, psychiatric hospital discharge planning and service coordination for other high-need children.

TDM/RMP: Eight TDM facilitators were hired in the last quarter, now totaling 84 DCFS facilitators available to coordinate TDMs and RMPs. In December 2008, DCFS mandated replacement TDMs, otherwise known as RMPs, for all youth entering or exiting a Residential Care Level (RCL) 6-14 placement. Each regional office developed and implemented a "firewall" to ensure all youth entering, or exiting a RCL had a RMP. The initial results from the RMP analysis show that the process is having a positive impact on the timely connection to services and the number of subsequent replacements.

SFC: The DMH Service Area Specialized Foster Care Managers meet on a twice-monthly basis with the DMH Child Welfare Division Managers to discuss implementation issues related to the various Katie A. related initiatives. DMH now has a total of 313 items dedicated to support the work of Katie A., including 64 countywide administration items and 249 Service Area items. The Child Welfare Division continues to provide countywide support for the implementation of the various Katie A. initiatives, including Wraparound, MAT, the SFC staff that are co-located in the DCFS Regional Offices, data management, training, and the development of practice guidelines.

Mental Health Service Delivery

The County is preparing an expansion of the existing Wraparound program by 2,800 additional slots, to be accomplished over the course of the next five years, using a two-tiered model. Tier I represents the current Wraparound Program, while Tier II, with somewhat more flexible referral requirements, is funded with a case rate, an Early Periodic Screening, Diagnosis, & Treatment (EPSDT) allotment, and Mental Health Services Act (MHSA) Full Service Partnership funds

On May 1, 2009, the County implemented Tier II, an expansion of the current Wraparound program. Tier I serves youth currently in, or at imminent risk of RCL 10 or above placement, while Tier II serves only DCFS youth with EPSDT and who are not eligible for Tier I.

Tier II initial rollout began with the provision of 25 slots per month. An additional 50 Tier II slots per month were available on July 2009. As of September 4, 2009 there were approximately 168 youth in Tier II and approximately 1,084 in Tier I.

Another intensive mental health service program, originally discussed in the Katie A. Corrective Action Plan (CAP), where planned rollout of services has been slower than expected, is the County's Treatment Foster Care (TFC) program. Pursuant to the Findings of Fact and Conclusions of Law Order by Federal District Court Judge Howard Matz, the County was directed to develop 300 treatment foster care beds by January 2008. Presently, the County has contracted for 152 beds, but as of September 18, 2009 only 38 treatment foster care homes have been certified and currently only 26 children are placed in these homes.

In a response to a Request for Interest (RFI) sent to Foster Family Agencies (FFA) with current mental health contracts, the number of agencies submitting program statements to provide Intensive Treatment Foster Care FFA (ITFC-FFA) or an Intensive Treatment Foster Care - Multidimensional Treatment Foster Care FFA (ITFC-MTFC FFA) increased from 5 to 16 (12 for ITFC-FFAs and 4 for ITFC-MTFC FFAs). Currently, Community Care Licensing (CCL) in Sacramento is reviewing these 16 program statements. DCFS will be requesting the Board of Supervisors to authorize the execution of the 16 contracts. Final CCL approval and Board of Supervisor authorization would put the TFC program in a good position to meet the expected goal of 300 contracted beds by December 2012.

Other progress includes the hiring of a Children's Services Administrator II (CSA II) as TFC program manager and the development of a TFC CAP. The plan identifies the critical barriers that currently impede the effectiveness of the TFC program and outlines corresponding strategies and resources needed to overcome these barriers. The addition of the program manager and the TFC CAP will strengthen the TFC program and improve the likelihood of meeting the expected goals.

During the September meeting with the Katie A. Panel, DMH presented a plan for a major transformation of the County's children's mental health system, consistent with the obligations required by the Katie A. Settlement Agreement. DMH will be seeking to implement a Core Practice Model for service delivery that will provide for a flexible array of services, both formal and informal, for children and families based upon a needs and strengths-based approach and a child and family team service planning process.

In September DMH is also beginning a Client Satisfaction Survey process for children and families that have received services pursuant to their referral to mental health as a result of the CSAT process. The results of this survey will be shared with your Board on a regular basis as part of the monthly report.

Funding of Services/Legislative Activities

Recently the Departments met with Budget and Children's Board Deputies and were directed to transfer approximately \$16 million in Katie A. FY 2008-09 savings into a Provisional Financial Uses (PFU). The request to transfer the savings into a PFU will

be incorporated into the supplemental budget process and discussed on September 22, 2009 at the Board Meeting to consider supplemental budget recommendations.

DMH, County Counsel and the CEO have been working very closely together and submitted a letter earlier in the summer to the Special Master, Rick Saletta, in the State portion of the Katie A. case. The letter provides the County's suggested clarification to a State DMH All County Letter issued in October 2008 regarding Medi-Cal billing for specialty mental health services, such as Wraparound, provided to children in foster care. The letter to Mr. Saletta provides detailed analyses of where the State has narrowly defined reimbursable Medi-Cal activities and further recommends that the State formally adopt the EPSDT Chart Documentation Manual as the official authority on acceptable standards for documenting EPSDT services.

DMH continues to participate weekly in negotiations, led by a court-appointed Special Master, with the State and Plaintiff attorneys regarding the State portion of the Katie A. lawsuit. It is hoped that resolution of the State case will result in improved claiming opportunities for Katie A. related mental health services, particularly through Wraparound related service activities.

There is another related effort underway to maximize revenue reimbursement to the County, which is the pursuit of higher reimbursement rates within the Medi-Cal Schedule of Maximum Allowances (SMA) to cover the higher administrative costs of providing Wraparound related services. Such a process would likely have to be embedded in the State Plan Amendment (SPA) process for Medi-Cal reimbursable mental health services. The County has contacted the State for additional information and is awaiting word back from the State. The County has also made repeated contacts to program officials in the State of Massachusetts to learn more about the improvements that State was ordered to make by a Federal Court in relation to the provision of Medicaid EPSDT services, most notably, to provide EPSDT services within a Wraparound-like continuum of care to children with serious emotional disturbance.

The County has enlisted a three-pronged approach to mitigate ongoing Katie A. service delivery costs through enhanced revenue reimbursement of EPSDT claiming by: 1) participating in the discussions with the Special Master in the State portion of the Katie A. case to express the County's disagreement with the State's narrow interpretation of Medi-Cal claiming guidelines; 2) conversations with the State to augment the SMA; and 3) to identify any lessons learned in the Massachusetts case in maximizing EPSDT revenue for mental health services delivered in a Wraparound continuum of care. We will continue to keep the Board apprised of our efforts to offset ongoing service delivery costs.

Training

DMH and DCFS have continued implementation of the necessary training components relating to the Strategic Plan, including:

- Completion of Regional Office Overview Trainings/Visits for DMH and DCFS staff on Katie A. Plan components, requirements and training plans.
- Continued CSAT training to support the rollout of the CSAT including training on new policies and practice guidelines associated with mental health screening, the obtaining of mental health consent and authorization to release information, and the referral of screened cases to the DMH co-located staff. CSAT training has been completed for SPAs 1, 6 & 7, for the DCFS Command Post Supervising Children's Social Workers (SCSWs), DMH Family Preservation, D-Rate staff, DCFS Specialized Programs, and the Martin Luther King (MLK) Hub.
- Wraparound training was provided for DCFS SCSWs to promote the identification and referral of children appropriate for this service in accordance with Katie A. Plan components and commitments. Follow up training on Wraparound for CSWs is to be piloted in October 2009.
- Continued provision of training to support targeted strategies for outcome achievement (safety, permanence and well-being) to facilitate safe caseload reduction including TDM training, Emergency Response Policy/Practice, and Intentional Visitation.
- MAT training has now been provided for line staff and MAT providers in all SPAs.
- DMH provided training related to AB3632 for DCFS staff.
- DMH and DCFS provided training for co-located DMH staff, new Resource Utilization and Management (RUM) staff, and Wraparound providers regarding the use of the Child Adolescent Needs and Strengths (CANS) Tool.
- Continued training and technical assistance was provided to all of the Wraparound agencies to promote service quality and fidelity to the Wraparound model.

DMH and DCFS are jointly leading development and finalization of a (shared) Core Practice Model (CPM), infused with practice principles for child welfare and mental health and informed by community partner and stakeholder input. The CPM will serve to align the two Departments and the continuum of providers in the identification of children's needs and strengths, in teaming across traditional role boundaries to support the provision of services to meet the needs of children and families, and in implementing coaching/mentoring models to support practice improvement consistent with the elements of the QSR.

Caseload Reduction

The Strategic Plan outlines a number of initiatives to be undertaken by DCFS in support of the Department's need to reduce the total departmental foster care as well as the caseload sizes of CSWs in order to accomplish the Strategic Plan goals. We are pleased to note that the progress reported in our first quarterly update continues.

The Department's total out-of-home caseload has been reduced from 15,748 as of May 2009 to 15,563 as of July 2009. Under the Title IV-E Child Welfare Waiver Capped Allocation Demonstration Project, this allows the Department to redirect dollars to much needed services to strengthen families and achieve safety, permanence and well-being (including early mental health intervention) for the children in our care.

As for individual CSW caseload sizes the number of children in generic caseloads have been reduced from an average of 26 children per worker to 22.72 children per social worker as of July 2009, while the Emergency Response (ER) caseload has been reduced from an average of 24 children per social worker to an annualized average of 20.26 children per worker (date to date). The decrease in caseload sizes are attributed to a number of factors, but one key is that 434 new CSWs were hired from June 2008 through July 2009, exceeding the goal of 160 new hires described in the Strategic Plan. In addition, as of September 2009, the CSW vacancy rate is only at 2 percent.

CSWs and regional management have been consistently reporting that the reduced caseload sizes are noticeable and much appreciated. They state that they are increasingly able to do more thorough casework and give the cases the attention they need to broker necessary mental health services for the children on their caseloads.

Data/Tracking of Indicators

DMH and DCFS continue to work toward hiring the staff to support the development of an electronic system for tracking and reporting of data indicators. DMH has now hired the three DMH Chief Information Office Bureau (CIOB) positions approved through the CAP. DCFS has selected staff for four of the five Information Technology (IT) positions requested in the Strategic Plan.

DCFS has developed an interim RTS to track the systematic implementation of mental health screenings per SPA and DCFS offices according to the three tracks for screening: newly detained cases, newly-opened non-detained cases, and existing cases. This interim system is part of a larger automated effort to comprehensively store and track, without violating State Automated Child Welfare Information System (SACWIS) regulations, child welfare and mental health service information regarding mental health screenings, referral to DMH for positive screens, and receipt of mental health service. The RTS is in the early design phase and greater functionality and expanded access for DMH clinicians will be sought over the next several months culminating in the development of a data tracking solution that will provide an integration of DCFS and DMH data sources to track all DCFS referrals for mental health services

and provide information regarding service delivery. The DMH CIOB is currently developing the project plan for this solution and has completed the interim solution that will be used to automate the collection of information to be used for the Katie A. monthly reports to your Board.

In the interim, DMH and DCFS continue to perform monthly client matches with the assistance of the Internal Services Department (ISD) and this data is used to update the DMH Cognos Cube. A recent data extraction from the Cognos Cube demonstrated an impressive increase in the penetration rate of mental health services for DCFS-involved children, from 34 percent in FY 2002-2003 to 56 percent in FY 2008-2009.

Exit Criteria and Formal Monitoring Plan

The Strategic Plan identifies three formal exit criteria, including the successful adoption by the Federal District Court of the Strategic Plan, acceptable progress on a discrete set of agreed upon data indicators and a passing score on the QSR measure.

The conceptual framework of the Katie A. five-year Strategic Plan has been approved by the Board, Katie A. Advisory Panel, and Plaintiffs' attorneys, and, as previously noted, the Strategic Plan was approved by the Federal District Court on July 22, 2009. This notes the first time since the inception of the lawsuit that a County developed Plan for Katie A. has been approved by the Court, which is a significant achievement in itself for the County and identifies a practical timeline with objective criteria for exiting the lawsuit.

DMH, DCFS, and CEO in conjunction with the Katie A. Advisory Panel, County Counsel, and plaintiffs' attorneys, continue to work on finalizing a discrete set of data that will be tracked as either formal exit criteria or contextual information as one of three prongs, described below in "Exit Criteria" for monitoring compliance with the Settlement Agreement. A detailed work plan is being developed to finalize Safety and Permanency exit indicators by the end of this calendar year. The County is proposing to track some of the mental health screening, assessment, and service delivery exit criteria for a period of six months in order to establish a performance baseline from which to negotiate a final set of exit criteria.

The QSR process is planned to take place in three phases. Phase One calls for the development of a tailored QSR instrument, the identification of staff responsible for the development of the protocol, the identification of training resources, the identification of and training of lead reviewers, and the development of a QSR implementation plan. These activities are expected to be completed between July 2009 and July 2010.

Phase Two, to be completed between September 2010 and December 2012, commences the administration of the QSR across the 18 DCFS Regional Offices; while Phase Three, to be completed by December 2013, consists of any follow up reviews that might be necessary to achieve passing scores.

DCFS has hired a CSA II to head a new Quality Improvement (QI) Section that will have lead responsibility in implementation of the QSR process. DMH has now hired a Mental Health Counselor R.N. who will serve as the liaison from DMH in this effort. DCFS and DMH staff has planned a visit to Utah in November to participate in their QSR process as a preview of the activities that will need to take place in Los Angeles County. Now that staff is in place, the QSR protocol will be detailed in the coming months including the proposed sample size, percent standard for achieving a passing score, and criteria for exiting the review process.

During the time since the last quarterly report, the focus has been on the development of a Statement of Work and the procurement of consultation services for our QSR. On July 17, 2009 DCFS informed the Board that it intended to commence negotiations for a sole source contract with Human Systems and Outcomes, Inc. (HSO). These negotiations began on July 31, 2009. HSO is a for-profit management consulting and performance measurement organization that holds the copyright on the QSR Tool. It is anticipated that DCFS will be seeking approval from the Board of the QSR contract, by December 9, 2009, with a projected execution date of January 12, 2010.

SUMMARY

The implementation of the Katie A. Strategic Plan is being fully executed by the Departments and progress has been made toward achievement of the Settlement Agreement objectives. The Strategic Plan has been organized into eighteen project teams, each having sponsors, managers, team members and Project Data Sheets that are updated quarterly to summarize the objectives, outcomes, deliverables, resources, dependencies, risks and benefits. The Departments' steadfast oversight and collaboration, facilitated through the Katie A. Executive Leadership Team and the Project Leadership Team, are evident and rapidly moving the County toward resolution of its obligation.

During the last three months, the County has continued to demonstrate significant progress toward meeting the goals of the Strategic Plan and fulfilling the County's obligations related to the Katie A. Settlement Agreement. Among the most significant accomplishments are:

- Approval of the Katie A. Strategic Plan by the Federal District Court, fulfilling one of the County's three major exit standards;
- Expansion of the County's capacity to serve newly detained children via the opening of a Hub satellite in the East San Gabriel Valley;
- Expansion of the County's capacity to provide Wraparound services through the implementation of Tier Two Wraparound services;

- Increased capacity to perform MAT assessments with the completion of the MAT contracting process and training of 50 MAT providers;
- The mental health screening by DCFS of over 3,000 DCFS children and related referrals for mental health services;
- Further refinements in the implementation of an automated referral tracking system to document the mental health screening, assessment, and treatment of children served by DCFS;
- Ongoing large-scale training efforts related to the Strategic Plan, including Wraparound, MAT, and CSAT;
- Continued reductions in the caseloads of DCFS CSWs;
- Demonstration of a significant increase in the penetration rate of mental health services for DCFS involved children;
- Staffing in place for both DCFS and DMH to implement the QSR, another of the Katie A. exit conditions;
- Continued participation in negotiations between plaintiff attorneys and State representatives in the State portion of the Katie A. lawsuit.

As a result of these ongoing efforts, the County continues to enjoy a positive working relationship with the Katie A. Advisory Panel and the Federal District Court overseeing the Settlement Agreement.

This is the last quarterly report for 2009 that will be reported to your Board. In January 2010, an evaluation of the first year's implementation activities will be provided and the quarterly reporting schedule for 2010 will resume with quarterly reports provided to your Board in March, June, September and December.

Please let us know if you have any questions regarding the information contained in this report, or your staff may contact Olivia Celis-Karim, DMH Deputy Director, at (213) 738-2147 or ocelis@dmh.lacounty.gov.

MJS:PSP:OC:GL:nr

c: Chief Executive Officer
Acting County Counsel
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